

**GOVERNMENT OF MANIPUR
DIRECTORATE: SOCIAL WELFARE DEPARTMENT**

NOTIFICATION

Imphal, the 19th October, 2023

No. 10/232/2018-SW(CMST)SEL: Expression of Interest (Eoi) is hereby invited from eligible Training Providers/Institutions having adequate knowledge and experience to conduct Skill Development Training for Persons with Disabilities (PwDs) in Manipur under the Department of Social Welfare, Government of Manipur under **Chief Ministergi Shotharabasingi Tengbang (CMST) Scheme.**

1. Interested Training Providers/Institutions/Organizations Public Sector Undertaking/Autonomous Body having qualified trainers, adequate knowledge and experience to conduct Skill Development Training for Persons with Disabilities as well as registered in the National Skill Development Corporation (NSDC)/Sector Council for Persons with Disabilities (SCPwD) may submit their application with requisite documents for conducting skill development training programme.
2. The application should reach the following address along with supporting documents on or before 3.00 pm. of 30th October, 2023.
3. The applicants would be evaluated sector/trade/job role wise on the basis of documents submitted as per qualification criteria, field verification of the premises of TPs and presentation to the Technical Evaluation Committee (as notified by the State Govt.) for empanelment. The empanelled Training Providers (TPs) shall be shortlisted as per requirement of the Skill Development Programme of the State Govt.
4. Details may be collected from the Disability Section, Directorate Social Welfare Department and also from the website: www.socialwelfare.mn.gov.in
5. Late submission will not be entertained.



(Ng. Uttam Singh)
Director, Social Welfare,
Manipur,
North AOC, Near 2nd MR Gate,
AT Line, Imphal – 795001

Copy to:

1. The Secretary to the Hon'ble Chief Minister, Manipur.
2. The PS to the Hon'ble Minister (SW), Manipur.
3. The Commissioner (SW), Govt. of Manipur.
4. The District Social Welfare Officer concerned.
5. The relevant file.

Letter Head of the TP

Covering letter

To

Director,
Social Welfare Department,
Govt. of Manipur,
North AOC, Near 2nd MR Gate, AT Line,
Imphal – 795001, Manipur.

Subject:- Expression of Interest (Eoi) for empanelment of Training Providers for conducting “Short Term Training/Skill Development Training Programme” for Persons with Disabilities (PWDs) under CMST during 2023-24.

Sir,

This is with reference to your advertisement inviting Eoi for conducting “Short Term Training/Skill Development Training Programme” for Persons with Disabilities (PwD) during F.Y. 2023-24 in Manipur. We, the undersigned, offer to provide the services for the above in accordance with your “Expression of Interest” vide Notification No. -----dated ----- . Please find below the details of our agency for your consideration.

We are hereby submitting our proposal. We fully understand and agree to the fact that on verification, if any of the information provided here is found to be misleading/false/incomplete are liable to be dismissed from the Eoi selection process.

We agree to abide by the conditions set forth in this Expression of Interest (Eoi). We hereby declare that our proposal submitted in response to the Eoi is made in good faith and the information contained is true and correct to the best of our knowledge and belief.

Sincerely,

Applicant's name
Designation
Signature
Seal

A. Eligibility Criteria:

1. The Institutions/ Organizations/ Public Sector Undertaking/ Autonomous Body(s) registered with NSDC/SCPwD should compulsorily be an independent legal entity registered as a Society, Trust & under Company Act with minimum 3 years existence.
2. Should have permanent infrastructure or rent/ lease at least for 10 (ten) in Manipur.

B. Scope of work and requirement of Training Providers(s):

1. Training Centre preferably should have the stipulated infrastructure (Class room, electricity, drinking water etc., equipment as per Scheme Guidelines) to ensure skilling as per the standards prescribed in the course curriculum/ job role prescribed by NSDC/ SCPwD.
2. Trainers/ faculties are to be selected/ available for the training programme having the pre-requisite qualifications to the trade/ job roles as per NSDC/ SCPwD.
3. The TPs shall be expected to design, organize, conduct and monitor phases of various Training Programmes and provide counseling and placement support to the trainees.

C. Special Instructions for the Training Providers:

1. The EoI does not make it bending on the part of Social Welfare Department to award a contract or to engage in negotiation. This is for empanelment of eligible Training Providers for providing skill training to Persons with Disabilities in the state under the qualified sectors/trade & job role prescribed by the concerned authority or common norms of the Ministry of Skill Development and Entrepreneurship.
2. The Competent Authority will engage capable of Training Providers (TPs) from amongst the empanelled list for providing skill training from time to time.
3. Interested applicant may furnish their EoI by giving all the necessary documents in English as specified in formats provided in the EoI.
4. The Social Welfare Department reserves the rights to withdraw or amend this EoI, without assigning any reasons for the same, if Social Welfare Department determines that such action is in the best interest of the Government of Manipur. Social Welfare Department undertakes that all the information shared by the applicant would be strictly confidential and would not be made public unless directed by law.
5. The response submitted to this EoI and all correspondences shall be in English and shall conform to the forms attached. Any interlineations, erasures or over writings shall be valid only if they are initiated by the authorized person signing the EoI.
6. The EoI submitted should be concise and contain only relevant information as required under this document. The applicant submitting the EoI would be responsible for all its expenses, costs and risks incurred towards preparation and submission of the EoI. Social Welfare Department shall, in no case be responsible or liable for any such costs whatsoever, regardless of the outcome of the process.
7. The EoI submitted by the applicant shall remain valid for a period of 90 days after the closing date of submission of EoI prescribed in this document. Social Welfare Department may solicit the applicant's consent for the extension of EoI validity (but without modification in their EoI responses).

8. At any time, prior to deadline for submission of EoIs, Social Welfare Department may modify the EOI documents. The amended document shall be notified through print & electronics media and such amendments shall be binding on the interested TPs.
9. TPs are advised to study all instructions, forms, requirements and other information in the EOI documents carefully. Submission of proposal shall be deemed to have been done after careful study and examination of the EOI document with full understanding of its submission.
10. The response to this EOI should be full and complete in all respects. Failure to furnish all information required by EOI documents or submission of EOI not substantially responsive to this document would be at TP's risk and may result in rejection of its submission.
11. EOI documents submitted by TPs would be reviewed by an expert panel constituted for technical purposes by Social Welfare Department and marks would be given based on the parameters mentioned in evaluation criteria.
12. TPs are required to submit both hard copy to the office of Social Welfare Department (www.socialwelfaremanipur.gov.in)
13. All material submitted by TPs would become the property of Social Welfare Department.
14. The Social Welfare Department may at its sole discretion and at any time during the evaluation of EOI or post empanelment, disqualify any applicant, if the applicant has:
 - a. Made misleading or false or incomplete representations in the forms, statements and attachments submitted in proof of the eligibility requirements.
 - b. A record of poor performance such as abandoning works, not properly completing the contractual obligations, inordinate delay in completion, financial failures etc. in any of the projects in the preceding three years.
 - c. Submitted an EOI that is not accompanied by required documentation.
 - d. Use of modified formats for submission.
 - e. Failed to provide timely clarification related thereto, when sought.
 - f. Been declared ineligible/blacklisted by State/UT/Central Government or any Public Sector Undertaking under them.
 - g. Made an attempt to influence the evaluation.
 - h. Engaged in litigation that may delay the empanelment process.

Eol short listing criteria

- I. Experience in skill training and placement.
- II. Spread of existing training centres.
- III. Track record in training and placement.
- IV. Working experience with Government Agencies.
- V. Faculty, Equipment and Infrastructure.
- VI. Arrangement for Assessment & Certification and Placement/ Entrepreneurship Development.
- VII. Annual Financial turnover.

A. The scoring sheet will be as follows as per documents submitted: Total 100 Sector wise evaluation

Sector wise evaluation			
Criteria	Scoring (in points)	Maximum Score	Relevant Document
No. of year in existence	Less than 3 years = 1; 3-5 years = 3; 5-7 years = 5; 8 years and above = 10	10	Certificates of incorporation
No. of training Centres in Manipur	1 centre = 1; 3 centre = 3; More than 2 centres = 5;	5	Copy of rent agreement/ hiring agreement/ Electric bill/ Trade License/ Telephone Bill etc.
No. of persons trained in during the last 1(one) year	Less than 50 = 3 More than 50 = 5 More than 100 trainees = 10	10	In case of Govt. related schemes, copy of relevant, work order and work completion certificate should be furnished. If it is self-financed, the proof of documents for training with self-attestation should be submitted.
Experience in implementation of Skill Development program funded by Government	North East (1-2 years) – 5 North East (more than 2 years experience) = 10 Other parts of India (more than 2 years) – 5 Others parts of India (1-2 years) – 3	10	Copy of relevant/ work order
Placement of the trained candidate	Less than 25% placed = 1 25% to 50% = 3 50% to 69% = 5 70% and above = 10	5	List of placed students-tracker, sample copy of salary slips, offer letter
Sector/Trade Specific (in Manipur)			
Infrastructure available plinth area*	Less than 1500 sq. ft. = 0 1500 sq. ft to 2000 sq. ft = 5 2000 sq. ft to 4000 sq. ft = 10 More than 4000 sft = 15	15	Lease agreement or ownership document
Equipment as per sector (one batch)*	Not available = 0; All available = 15;	15	Statement list of available equipment
Qualified Faculty as per sector proposed*	<1:30 (trainee : trainee ratio) = 5 1:30 to 1:25 = 15; 1:25 to 1:20 = 7 and >1:20 = 10	15	Faculty qualification details
Certification & Assessment as per sector	If not done = 0 Completed = 10	10	Copy of certificate

**Subject to field verification only.*

TPs who obtained overall minimum of 50% will be considered for PPT and grading will be made separately based on approach & methodology of training:

- Mobilisation strategy
- Implementation plan
- On the job training
- Monitoring of students (trainees)
- Job Placement

For the above purpose a Screening committee shall be notified by the State Government. PPT Presentation shall carry a total weightage of 25 marks.

N.B: The decision taken by the Screening Committee will be final and no further queries would be entertained

Application Proforma

A.	Part –I									
1.	Organization Details									
1.1	Name of the Training Provider (TP):									
1.2	Registered office address of Training Provider (Complete Postal address with PIN, Mobile/Telephone no., E-mail I.D, Fax No.):									
1.3	Year of Incorporation									
1.4	Type of Training Provider (Please tick (✓) whichever is suitable) Society <input type="checkbox"/> Trust <input type="checkbox"/> Company <input type="checkbox"/> Government Institute <input type="checkbox"/>									Registration No.
1.5	Whether registered under NSDC or SCPwD ? If yes, TP Registration Number in NSDC/ SCPwD									
2.	Contact Details									
2.1	Contact Address of CEO/MD/Head (Complete postal address with PIN, Mobile/telephone No., E-mail ID, Fax No.):									
2.2	Contact Address of Single Point of Contact (SPOC) (Complete postal address with PIN, Mobile/telephone No., E-mail ID, Fax No.):									
3.	Experience of Skilling									
3.1	Number of Year of Experience in Skill Development									
3.2	Total Number of Trainees Trained in last 1 year									
	Financial Year	Govt. Funded Count			Corporate Social Responsibility (CSR) Count			Self-Paid Count		
		Trained	Certified	Placed	Trained	Certified	Placed	Trained	Certified	Placed

B	Part II	
4.	Training Centre Accreditation Details (Please use separate information sheet for each Training Centre)	
4.1	Name of the Training Centre	
4.2	Address of Training Centre (Complete postal address with PIN, Mobile/Telephone No., E-mail I.D., Fax No.)	
4.3	Contact Address of Centre In-Charge (Complete postal address with PIN, Mobile/Telephone No., E-mail I.D., Fax No.)	
4.4	Accreditation Standards Grading received from NSDC/ SCPwD (in case of register/affiliated)	
4.5	Area Classification of Centre (Please tick (✓) whichever is suitable)	Rural <input type="checkbox"/> Urban <input type="checkbox"/>
4.6	Certificate of Centre Accreditation and Affiliation	
5.	Job role Details (Please give separate information for each job roles for each centre)	
5.1	Skill Sector	
5.2	Job role applied for (Please choose any job role from Annexure- IV)	
5.3	Training Capacity Details	
5.3.1	Batch size (Please specify based on the available infrastructure capacity)	

5.3.2	Total Number of Batches you plan to run for this Job Role at a given point of time.			
5.3.3	Effective available annual training capacity (nos.) in the Training Centre			
	Annual Capacity (Job role) in the Centre	Allocated target (from any other scheme)	Is the centre currently available to conduct proposed targets (Y/N)	Available Capacity (of col. 3 is applicable)
	1	2	3	4
6.	Trainers Details (Please give separate information for each job roles for each centre)			
	Sl. No.	Trainers Name	Highest Qualification	Whether Certified by SSC or ToT
7.	Whether residential facility is available in the Training Centre (Please tick (✓) whichever is suitable)			Yes <input type="checkbox"/> No <input type="checkbox"/>
7.1	If residential facility available, please specify the capacity (in No.)			

C.	Part III
8.	Certificates to be submitted:
8.1	Certified that provisions of the EoI have been fully understood and we will take the responsibility for successful completion of the project in a time bound manner, if targets are allocated by Social Welfare Department under skill development training programme for PwD.
8.2	Certified that there is no duplication of efforts with existing schemes of other Ministries/Departments if any project is sanctioned under the Social Welfare Department.

Enclose:- Self attested photo copies of the documents in respect to Sl. Nos. (1.3), (1.5), (3.2), (4.5), (8.1) & (8.2)

Note: All the pages should be numbered and properly indexed. If any of the EoI proposals is found to be without proper signature, page numbers and index, it will be liable for rejection.

Authorised signatory of the Organisation
With Seal Name/Designation/Address

Date:
Place:

Courses for conducting Short Term Training under State managed Component during FY 2023-24

Sl. No.	Area of Training programme	No. of Target	Age group	Essential qualification
i.	Agriculture	150	18-45 years	Class VIII passed
ii.	Horticulture	150	18-45 years	Class VIII passed
iii.	Poultry	150	18-45 years	Class VIII passed
iv.	Beauty and Wellness	150	18-45 years	Class VIII passed
v.	Computer IT	150	18-45 years	Class VIII passed
vi.	Handloom & Handicrafts	150	18-45 years	Class VIII passed
vii.	Tailoring and Embroidery	150	18-45 years	Class VIII passed
viii.	Food Processing	150	18-45 years	Class VIII passed
ix.	Handloom and Weaving	150	18-45 years	Class VIII passed
Total		1350		

Declaration

We would like to state that the information provided by us is true to the best of our knowledge and belief and we understand that we are liable for action under the law for any false information or document produced by us.

We also understand that Directorate of Social Welfare, Manipur shall be free to investigate on its own into the correctness of information furnished by us in this application and/or call for any further information in this regard from us.

We hereby confirm that we are interested in competing for the services to conduct the training programmes on the following:

All the information provided herewith is genuine and accurate.

Authorized Person's Signature:

Name and Designation:

Date of signature:

Note: This declaration is to be furnished on the letter head of the organization and should be sealed and signed by an authorized signatory of the organization.